



APPLICATION FOR IMMIGRANT VISA AND ALIEN REGISTRATION

PART I - BIOGRAPHIC DATA

INSTRUCTIONS: Complete one copy of this form for yourself and each member of your family, regardless of age, who will immigrate with you. Please print or type your answer to all questions. Questions that are **Not Applicable** should be so marked. If there is insufficient room on the form, answer on a separate sheet using the same numbers as appear on the form. Attach the sheet to this form.

WARNING: Any false statement or concealment of a material fact may result in your permanent expulsion from the United States.

This form (OF-230 PART I) is Part I of two parts which, together with Optional Form OF-230 PART II, constitute the complete Application for Immigrant Visa and Alien Registration.

1. FAMILY NAME		FIRST NAME	MIDDLE NAME
2. OTHER NAMES USED OR BY WHICH KNOWN (If married woman, give maiden name)			
3. FULL NAME IN NATIVE ALPHABET (If Roman letters not used)			
4. DATE OF BIRTH (mm-dd-yyyy)	5. AGE	6. PLACE OF BIRTH (City or town) (Province) (Country)	
7. NATIONALITY (if dual national, give both)	8. GENDER	9. MARITAL STATUS	
	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> Single (Never married) <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated	
		Including my present marriage, I have been married _____ times.	
10. MARKS OF IDENTIFICATION		11. PRESENT ADDRESS (City or Town) (Province) (Country)	
		Telephone number: Home _____ Office _____	
12. NAME OF SPOUSE (Maiden or family name) (First name) (Middle name)			
Date and place of birth of spouse:			
Address of spouse (If different from your own):			
Spouse's occupation:			
13. LIST NAME, DATE AND PLACE OF BIRTH, AND ADDRESSES OF ALL CHILDREN			
NAME	DATE (mm-dd-yyyy)	PLACE OF BIRTH	ADDRESS (If different from your own)
14A. PERSON(S) NAMED IN 12 AND 13 WHO WILL ACCOMPANY ME TO THE UNITED STATES NOW.			
14B. PERSON(S) NAMED IN 12 AND 13 WHO WILL FOLLOW ME TO THE UNITED STATES AT A LATER DATE.			

15. NAME OF FATHER, DATE AND PLACE OF BIRTH, AND ADDRESS *(If deceased, so state and give year of death)*

16. MAIDEN NAME OF MOTHER, DATE AND PLACE OF BIRTH, AND ADDRESS *(If deceased, so state and give year of death)*

17. LIST BELOW ALL EMPLOYMENT FOR THE LAST TEN YEARS

EMPLOYER	LOCATION	JOB TITLE	FROM/TO (mm-dd-yyyy)

In what occupation do you intend to work in the United States? _____

18. LIST BELOW ALL EDUCATIONAL INSTITUTIONS ATTENDED

SCHOOL AND LOCATION	FROM/TO (mm-dd-yyyy)	COURSE OF STUDY	DEGREE OR DIPLOMA

Languages spoken or read: _____

Professional associations of which you are a member: _____

19. MILITARY SERVICE: ☐ Yes ☐ No

Branch: _____ Dates of Service: _____

Rank/Position: _____ Military Speciality/Occupation: _____

20. LIST BELOW ALL PLACES YOU HAVE LIVED FOR AT LEAST SIX MONTHS SINCE REACHING THE AGE OF 16. BEGIN WITH YOUR PRESENT RESIDENCE.

CITY OR TOWN	PROVINCE	COUNTRY	FROM/TO (mm-dd-yyyy)

21. LIST DATES OF ALL PREVIOUS VISITS TO OR RESIDENCE IN THE UNITED STATES. *(If never, so state)* GIVE TYPE OF VISA STATUS, IF KNOWN. GIVE "A" NUMBER, IF ANY.

FROM/TO (mm-dd-yyyy)	LOCATION	VISA	TYPE OR "A" NO. (If known)

SIGNATURE OF APPLICANT

DATE (mm-dd-yyyy)

NOTE: Return this completed form immediately to the consular office address on the covering letter. This form will become part of your immigrant visa and your visa application cannot be processed until this form is complete.